

# Discussion Groups

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This is a transcription of all of the points that were recorded by groups when asked what they would like to see change under each area and what their ideas were as to how to deliver change.

## General

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- need greater awareness of older people's rights
- need to combat view that older people are a burden
- media representation of older people as burden and of human rights needs to be challenged more.
- No participation/consultation. Local response/ democratic response ignored. Centralisation = inequality. Democratic deficit, tokenistic consultation, "it's a sham". No longer a democratic country as power is aggregated to national, UK and EU level. Where do politicians opinions come from? There is no local engagement.
- Large centralised bodies which are internally fragmented/specialized. Poor access to services which may be right to life issue.
- Need human rights and equality impact assessments.
- Need to think of the person at the end of the process.
- people should have a right to a moral conscience – i.e. case of Christian couple whose B+B was closed down when they refused to admit a gay couple. Also "midwives who refused to do an abortion lost their jobs".
- with rights, must have responsibility

## Health and social care

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### *Participation and Autonomy*

- Real individual choice, not assumptions about what people want. Professionals making decisions WITH people, not for them – "nothing about us without us". Empower people to exercise individual choice. Ensure this is supported by strong advocacy- important role for the voluntary sector.
- services at every level need to listen to people and what they want.
- elderly people have the right to refuse treatment
- free powers of attorney
- involve communities in designing how care needs are met (e.g. home care)
- need greater awareness of the requirements of care: local groups integrate
- need greater awareness of rights of older people.
- when ill, need an advocate
- Patient right to smoke but a professional carer has to take them into the smoking room

- Allow people to take risks, help them understand the risks and let them assess that for themselves.
- Capacity cases such as dementia, advocacy is needed which should be competent and professional. And if a relative is doing the advocacy care should be taken as they may not always be independent. Where a Power of Attorney is used need for greater awareness of professional advocates (especially volunteers) who need to be checked (audited) just like Citizens Advice Bureau do an audit of their case work every year.

### *Communication*

- professionals really listening to people and evidencing that, so that people know they are being heard
- need more communication and [illegible] from the NHS
- appointment letters are arriving late

### *Ability of providers to put rights into practice*

- enabling person-centred care/ adequate training to carers to a set standard.

### *Quality of health and care services*

- Integration: welcome but home care lacks capacity; there are gaps in rota for home care. Bring back previous service provision – i.e. deliver services at the local level and within communities e.g. day care. Extreme prevention at early stages – post discharge need early intervention and community based multi-disciplinary teams
- redesigning physical care infrastructure – e.g. local clinics, hospitals etc
- continuity and coordination of health and care services. Need greater continuity and consistency in care with same people as carers.
- are there inadequate resources to deliver adequate care? Need to shift resources to care. Money should not be a problem. Needs more funding from the Scottish Government. Need fairer distribution of budgets in rural areas.
- Adequate care is an intergenerational project. There are not presently proper care options.
- Combat social isolation and loneliness and foster social interaction. More activities at the weekend. Bring back meals on wheels
- need greater partnership working between voluntary and public sector. Need more investment at local level in third sector.

### *Access, including transport*

- transport to health providers and for individuals. Especially in rural areas, e.g. for appointments. Better community transport – cut down on bureaucracy that stops community transport working well.
- you can only book transport on the morning of an appointment. When transport is not available Raigmore Hospital says it is not their problem.
- access in sufficient time: same doctor, greater [illegible]
- Consultants need to travel more to better equipped places
- mobile units and decentralisation (in Highlands and Islands). Telecare is part of the solution but not the whole solution (human touch is critical)

### *Carers rights*

- respect for an adequate salary (living wage) – it is a false economy to pay lower wages. Better pay would mean more and better quality of carers and better care for recipients.
- unpaid carers as equal partners in care but do not assume that unpaid carers are going to continue to provide care.
- carers to be seen as more important, pride and promise and money, more training and a support structure at the local level, particularly initially.
- there is a lack of respite care which has an impact on carers
- volunteers: to be better used (but not relied on, this is an extra). Need more younger people, but with no obligations and recognition of costs. Need proper risk assessments of the use of volunteers.

# Adequate Standard of Living

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## *General:*

- Limit the upwards spiral of standard of living
- need basic agreement on reasonable expectation
- campaign around reduction or change.

## *Food*

- change attitude towards waste
- need education on real food/real eating and cooking, balancing budgets, in schools.

## *Housing*

- there is a lack of affordable housing as well as sheltered or shared housing.
- need to promote local or third sector models, need funding and political will and to manage individual expectations.
- eliminate fuel poverty. Subsidies for renewable energy should come through general taxation not added to electricity bills.

## *Welfare Reform*

- universal credit: need to maximise entitlement and good advice.
- Need to take a more humane approach to disabled people with regard to benefits. Use existing medical knowledge – i.e. own GP or specialist, or social worker etc.
- the gap between haves and have not is widening due to benefit issues and sanctions
- option of paper based or face to face, not only internet.
- provide accessible service to support less able applicants.
- -should de-stigmatise benefits.

## *Living Wage*

- e.g. for carers – need to value skills and knowledge

## *Zero hours contracts*

## *Carers*

- family carers needed for voice and support in good times as in difficult times
- Care for those who care. Respite daycare and specialist care training.
- Need to review the expectations we have about carers – why does it have to be family?

## *Transport*

- particular problem in rural areas. Leads to social isolation and blocks access to services. Need better patient/hospital transport. Should be able to use bus passes on community buses
- impacts on social life. Evening bus services very limited. Cost of taxis is prohibitive.

- call out charges for tradesmen very expensive. Could appeal to local business association. Restore the discretion payment for genuine cases such as cooker/fridge breakdown.
- there are places in rural areas where you cannot travel to and from services in a day.
- SHRC to help? Public Transport Unit in Highland Council?
- Dial-a-bus service would be helpful. Some services are available in rural areas but people have to pay for it (normal)

#### *Pensions/income*

- Inadequate income and tax on pensions
- excessive charges on short-term loans not just pay dayloans but bank charging too.
- Should restore link between pensions and salaries. Christmas bonus of £10 per person needs to be increased. Increase taxes on people who can afford it.
- raise awareness of financial entitlements as many older people don't know what they are entitled to.
- need better opportunities to improve standards through employment/benefits.

#### *Access to services*

- no equality in service provision

#### *Discharge*

- right to an assessment and care plan before going home.

# Justice and Safety

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## *Safety and prevention of abuse*

- everyone should feel safe in their own home. Professionals should be allowed to do their job without fear of prosecution.
- Gagging clauses and compromise agreements i.e. Mid Staffs Hospital should be banned to protect whistleblowers. Need protection of confidentiality of whistleblowers and statutory or voluntary body to support them.
- Nanny state: if we go too far we could lose freedoms.
- Intrusive/threatening “cold calling” including by phone impacting on right to private life – need legislative response?
- Safe pavements/ public spaces, free from obstacles and threats – needs better enforcement

## *Access to justice/fair trial/fair hearing*

- having to pay a fee to get a court hearing (say £1000) and then having to pay another fee (say £500) to get a judgment decision. This is Article 6 issue and right to a fair trial/hearing. Art 6 should mean you automatically get a judgment when you pay your court hearing fee, not that you have to pay an additional fee to get a decision.
- complaints to NHS or public bodies should be dealt with in timely manner not 5-10 years later. Sometimes say “sorry it went wrong” rather than wait for court decision. Sometimes an apology is enough. Depends on what level of compensation you want.
- In mental health jurisprudence a judgment should explain what is happening to the person and how they reasoned their decision. Not just a series of dots about predetermined answers from the Mental Health Officer/Registered Medical Officer.
- Why do you get a reduced sentence for pleading guilty?

## *Privacy*

- in sex cases (e.g. Roach, Travis etc) where person found not guilty, should complainants be named in the press? Why do they need anonymity? Should not have any name disclosed as right to a fair trial by defendant. Not guilty until
- right to death with right to life so long as safeguards. Some people agree/disagree.
- Housing - press discriminate (in adverts) no DSS, no pets, no smoker – should this be outlawed?

## *Policing*

- Police Scotland closing local counters = less local access, less safety, especially in rural areas
- increase in police arming and equipment – hostile.
- Lack of traffic wardens, people park anywhere.